



## LPW HOLIDAY CLUB BOOKING FORM: SPRING HALF TERM 2026

**Name of child:** ..... **Age of child:**.....

Please register the dates and times your child will be attending between 8:00 am and 5:00 pm.

All children need a packed lunch if they attend between 12:00 noon and 1:00 pm.

For any queries other than invoicing, please ring **Holiday Club Staff on 07539 716875**

	Extended AM Session 08:00 – 09:00 £6.75 ph	AM ONLY 09:00 – 13:00 £28.50 (2-3 yr olds £32.50)	PM Only 13:00 – 17:00 £28.50 (2-3 yr olds £32.50)	ALL DAY 09:00 – 17:00 £48.00 (2-3 yr olds £60.50)	Fees £
<b>Monday 16 February</b>					
<b>Tuesday 17 February</b>					
<b>Wednesday 18 February</b>					
<b>Thursday 19 February</b>					
<b>Friday 20 February</b>					
<b>TOTAL FEES: £</b>					
<p><i>Please complete and return this form by Monday, 9<sup>th</sup> February Please do not make payment until you have received your invoice.</i></p>					



## LPW HOLIDAY CLUB: SPRING HALF TERM 2026: CHILD INFORMATION

<b>CHILD'S NAME</b>		<b>DATE OF BIRTH:</b>
<b>HOME ADDRESS:</b>		
<b>PARENT/GUARDIAN</b>		
Name:	Relationship to child:	
Daytime telephone No:	Mobile No:	
Email Address:		
<b>EMERGENCY CONTACT DETAILS</b>		
Name:	Relationship to child:	
Daytime telephone No:	Mobile No:	
<b>ADDITIONAL INFORMATION:</b> <i>Please provide details below if your child has any special needs or individual health issues, including asthma and allergies. Please put your child's full name on inhalers and EpiPens.</i>		
<b>COLLECTION ARRANGEMENTS FOR YOUR CHILD:</b> <i>Please inform staff, in advance, if these arrangements are subject to change.</i>		
Name of person collecting child:	Relationship to child:	<b>Password</b>
Daytime telephone No:	Mobile: No:	
<b>PERMISSIONS</b> <i>confirm agreements for your child whilst in our care:</i>		
<b>First Aid</b> I hereby give consent for a member of Holiday Club staff to administer First Aid to my child	Yes	<b>No</b>
In the event of an accident or medical emergency, Holiday Club Staff will make every effort to contact you. Should this not be possible for any reason, do you give permission for your child to receive the medical treatment as recommended by a doctor in your absence?	Yes	<b>No</b>
I agree that any still and moving pictures (eg photographs) that may be taken during Holiday Club activities may be used by LPW Holiday Club in their publicity or publications	Yes	<b>No</b>
I consent to my child using computers and having access to pre-determined websites with adult supervision, and Wii. From time to time, children watch videos during Holiday Club. Occasionally, films may be rated PG, and we would like your consent to allow your child to watch PG films.	Yes	<b>No</b>
I consent to my child, on certain occasions, being given high sugar content food ie sweets/ice creams	Yes	<b>No</b>
Please inform us of any relevant information which will help Holiday Club Staff ensure that your child enjoys their time with us at the Holiday Club.		
<b>Signed:</b> .....		<b>Date:</b> .....
<b>Parent/Guardian</b>		